

REQUEST FOR CERTIFICATE OF OCCUPANCY/CERTIFICATE OF ZONING COMPLIANCE

Property Location _____

or _____

Address _____

Date _____

I, _____ Owner of property located at _____
_____, in the City of Whitewater () have completed the above project to all
state and city codes, or () will complete the above project by the approved time of
_____.

The following departments must sign off before full or temporary occupancy
will be allowed:

No Non-compliance

Observed

Please check if non-compliance _____

State why: _____

Building _____

Electricity _____

Heating _____

Zoning _____

Plumbing _____

Fire _____

Police _____

DPW _____

Water _____

Sewer _____

Streets _____

Engineering _____

I have checked with all of the above departments in regard to the City codes that
pertain to my property and agree to follow said codes.

_____/Date
Owner's Signature

_____/Date
Building Inspector/Zoning Adm.

Approved:

_____/Date
City Manager